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SAMPLES AND LITERATURE UPON APPLICATION

M. J. BREITENBACH COMPANY,

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Energy, Potential and Kinetic,

BY ALBERT J. ATKINS, M. D.

IN the study of energy we have a most profound subject; let no man assume to understand its full meaning by any slight glance at its principles, for it is only when we can rise to a comprehension of its universal manifestations that we are able to understand the stupendous magnitude of its relationship to all phases of life.

When we look out toward the endless realms of space we see planets of mammoth proportions, all floating in an infinite ocean of ether. These planets and worlds become tangible to our cruder senses because we realize that they are composed of a substance similar if not exactly like the composition of our own planet. When, with the aid of the telescope, we watch the rotation of these mighty forces of nature revolving with such exactness that their position in the heavens can be foretold for a thousand years, we are astonished at the almost limitless possibilities of the human mind; yet, all this has been accomplished by science and the end is not in sight. Yes, suns and planets move in the heavens, they are never still, but the great problem is what moves them, what is the power that keeps in action these mighty magnets in the fields of the universe?

During the past few years, the development of scientific knowledge has shown that all matter, when reduced to its last analysis, is composed of essential electricity; or, in other words, matter in all its forms represents so much potential energy which has become polarized or fixed under varying bonds of molecular cohesion. The atom is now considered as a stage of growth in the evolution of matter from infinite energy. It is not the last division, for another yet finer and more delicate form has appeared on the scientific horizon, that is the electron, which is only a center of polarizing

energy in the infinite fields of ether. Seven hundred of these infinitessimal particles or centers constitute one atom of hydrogen gas; eleven thousand and two hundred of these electrons constitute an atom of oxygen; combine two atoms of hydrogen and one of oxygen by magnetic attraction and a molecule of water is formed. Thus we see that all matter is one in principle.

It is easy for scientists to see that wherever these atoms come together through attraction, in any part of the universe, the mere fact of such bombardment of atoms would send off at right angles, some of the electrons composing the atoms; this escape of ions or electrons toward some more magnetic body constitutes what is known as electrical action or electro-chemic energy. Under the great strain, which planetary gravitation has over denser particles of matter, it is possible that the ion or electron is the only form in which matter can circulate in interstellar space.

The spectrum and sensitive photographic plate show that, to the right and left of a beam of sunlight, there are other rays, not visible to ordinary methods of sight. These rays prove that there are currents of active or kinetic energy, or electricity, moving through every part of the universe which can not be detected by crude methods of observation.

This active, kinetic energy, which lies between the planets of the universe constitutes the motive power, indeed it is the real universe.

Within this mysterious realm, which is the invisible side of nature, is found the active power which builds into material form every particle of matter, from the first charge of ionistic nebulæ, to the mighty suns and planets, the majesty of which exceeds the limits of human understanding.

Ophthalmology in General Practice.

H. B. CROCKER, M. D., HEALDSBURG.

THE day is forever past when a physician can treat all cases himself. The city practitioner must be a specialist. It is a necessity. It is demanded by the people, and in response to this demand there has been evolved an hermaphrodite, parasitic practitioner who may be aptly termed a "general specialist." This "general specialist" never refuses a case which can be treated in his office. He is an oculist, a gynæcologist, a proctologist, all at the same time; and above all, he is a surgeon, and will do anything from a cataract extraction to a laparotomy. There is no excuse for the continued existence of the "general specialist" in our cities, and he will cease to thrive as soon as the practitioners awake to the absolute idiocy of supporting a man who is in truth their competitor along every line in which there is any money.

But the country practitioner is from the very nature of his surroundings a "generalist," and such he will remain. He will continue to do his best for every case, and his ophthalmological work will be done according to the teaching which he received in college, perhaps twenty years ago. The blunders made by pseudo-ophthalmologists would be amusing were they not so often serious in their results.

For that reason, in behalf of humanity the specialist should be a teacher, and not be like those men whom Shakespeare says: "Do a willful stillness entertain, with purpose to be dressed in an opinion of wisdom, gravity, profound conceit, as who would say, I am Sir Oracle; and when I ope my lips let no dog bark." But the trouble is, the pompous and greedy specialist rarely opens his lips except it be to say, "send your cases to me." That is the tone of every article and reprint.

These few introductory words will have served, I trust, to clearly define my position, and my reason for presenting this paper, and I trust it will be accepted in the spirit with which it was written.

Probably the most common affection of the eyes with which the general practitioner has to deal is some form of conjunctivitis. This may be aptly described as "red, sore eyes." At first, unless there is some direct infection, it is a simple catarrhal inflammation of the conjunctival sac, and as such it will readily subside. Keep your patient out of the wind, give proper directions for the instillation of an aqueous solution of supra-renal capsule every hour, and, if possible, keep a hot, moist compress on the affected eye. Metallic astrigents are rarely necessary. This treatment is only efficient in the early stages. If the condition is a chronic one, the errors of refraction must first be corrected, and as the discharge is usually more or less purulent, an antiseptic wash should be used. I have had excellent results from adding quarter volume of a good peroxide of hydrogen to the usual boracic acid solution. The conjunctival sac should be flooded with this at least every two hours, and this should be followed by the instillation of astringents. I use a solution of one grain each of copper sulphate and zinc sulphate to an ounce of boracic solution and have found that the strength is not too weak for continued use. And right here I want to say that I believe the necessity of changing astringents which is emphasized by many ophthalmologists is entirely due to the fact that they are used entirely too strong at first. Before retiring the margins of the lids should be rubbed with yeliow oxide of murcury ointment, or simple clean vaseline will do as well. In compounding this ointment or any other used in the eye, a base of white vaseline is always preferable to the animal fats which contain irritating acids.

This ointment will prevent the adhesion of the lids during sleep, and will be much appreciated whether the patient be a child or adult, as the operation of removing the incrusted discharge which will glue the lids together is not pleasant and in some cases will do an absolute injury.

Some present no doubt wonder why I have not advocated the use of nitrate of silver, or the more elegant protargol in conjunctivitis. The silver salts have a place in the treatment of just one condition and only one; that is in the *early* stages of a simple catarrhal inflammation; and even here I prefer the use of the extract of suprarenal capsule, because it does not discolor (which is also true of protargol); it cannot be used in injurious strength, and it has a direct action upon the distended blood vessels, and when we have controlled the excess blood supply we have gone far towards a cure of any catarrh.

Trachoma or "granulated lids" is not often met with in country districts and no country practitioner would be likely to have the instruments necessary to perform the operation which must be done in order to effect a cure. However, there are some things he can do and the first and most important is to order the execution of any sore-eyed cat which the patient may have been fondling, and protest other members of the family against infection. The discharge is very irritating and infection is easy. If one eye only is affected close the other with collodion. Keep the patient in a dark room and irrigate palpebral conjunctiva constantly with warm boracic solution. This can best be done by the use of a fountain syringe or other reservoir placed slightly above the level of the patient's head. The stream should be small and must have very little force. Never allow it to strike the cornea.

This treatment will cause a cessation of the pain and photophobia in a few days. Then the granules may be treated with a strong astringent. I prefer thuja, although silver nitrate may be used if care is taken not to injure the healthy tissue. When the patient is able to bear light the sooner an operation is done the better, as in no other way can a recurrence of the granulations be prevented. It would be well to inform the parents of the palliative nature of treatment before assuming care of the case, otherwise your reputation as an "eye doctor" will suffer.

What are popularly known as "styes" are common everywhere but people are usually able to open them if on the lid margin and rarely consult a physician. However, should a case present and you wish to do a little more than the old lady, you might pull out the cilia which has its origin in the particular sebaceous gland which is inflamed, and after cleaning out the cyst with peroxide, cauterize its walls with pure carbolic acid on the point of a tooth pick. These hordeoli or marginal "styes" are almost invariably due to spasm of the orbicularis palpebrarum and this spasm is in turn due to some refractive error, so the method of preventing their recurrence is evident.

A chalazion or cyst of a meibomian gland is something you have all been called upon to treat and doubtless many have advised a poultice. Next time try the application of the yellow oxide of mercury ointment to conjunctival surface and perhaps you will be surprised to see the lump decrease in size and finally disappear. Galvanism, negative pole, is also effective but

painful. If the patient is in a hurry or the ointment has failed, as all good things will at times, make a deep, broad incision through the conjunctiva, scoop out the contents of the sac and curette its walls. A bland antiseptic wash and hot compresses are all that is necessary afterwards. Should it be necessary to make the incision through the skin always cut on a line parallel with the lid margin. This route is not advisable because the tarsal plate must be severed and there is danger of wounding the globe if the patient or operator is nervous. Cocaine anæsthesia is sufficient usually.

Diseases of the lachrymal apparatus require more skill and special instruments which are not usually possessed by the general practitioner and nothing which I might say would be of any practical value. Hot compresses will give temporary relief in cases of dacryocystitis but a cure of this affection and inflammations of the lachrymal gland require careful treatment and operation in most cases.

Burns and other trauma of the cornea should be treated according to their cause. If the burn is caused by lime or mortar, as is usually the case, the particles should be carefully picked out. No force should be used or more harm than good will be done. A weak acetic acid solution will give relief from the pain as it neutralizes the caustic alkali. After a few days the remaining particles will have become loosened and can be easily removed. The subsequent treatment consist of perfect rest and irrigation with pure sterile olive oil. Opacities and consequent restriction of the visual field are almost sure to result. Injuries to the cornea are better left without treatment except to keep the eye closed, and instruct the patient not to strain at stool or cough hard. The resulting opacity will depend, of course, upon the extent and depth of the wound and prognosis should be very guarded.

If a patient comes to you with a cloudy cornea, or, perhaps, what he will call a "scum" don't tell him it is a cataract. He will probably go to some oculist to have it operated and it would be difficult to explain to him why it cannot be done and at the same time protect you from criticism.

The opacities or "scums" in the corneas are due to such a variety of causes that it is difficult to advise treatment which will benefit all. There may be an inherited strumous taint, there may be tertiary syphilis, or there may be simply a depleted anæmic condition. Whatever be the cause it must be removed and your success in clearing up the vision will be commensurate with your diagnostic skill. Iodine in some form is the principal agent for the removal of such infiltrations Galvanism is also useful but must be carefully applied.

In the treatment of intra-ocular diseases the general practitioner, if he is wise, will engage experienced aid. They are so serious and the result of a mistake is sometimes so disastrous that it will be wise to at least share the responsibility. But how are you to recognize an intra-ocular trouble? The simplest, safest and least easily mistaken symptom is a circumcorneal in-

jection. That this is an absolute sign I do not pretend to say, but if a physician will learn the difference between conjunctival and circumcorneal injection he will make few mistakes. The only point at which the vessels which supply the uveal tract are visible without the aid of the ophthalmoscope is in a narrow zone surrounding the corneo-scleral junction, and any injection at this point means inflammation within. It is a danger signal and should be regarded with as much respect as a red light.

Another and almost equally important symptom of intra-ocular disease is the pupil. Whenever this is extremely large or extremely small, or when it is irregular in outline, or oval, you may be sure that the trouble is within the eye, and you may be equally certain that something must be done and done quickly.

If at all possible consult with some one in whom you have confidence and don't waste any precious time in hunting a man of your own school of practice. If you had an aching tooth you wouldn't ask the dentist where he graduated so long as he stopped the ache, and so with the oculist whether he be old school or new school, or no school if he can save the case he is the man you want.

In the meantime keep the patient in a dark room and quiet. Ice packs to reduce the blood supply can do no possible harm. A dose of salts may also be given and chloral or cannabis indica to ease the pain, although pain is not always present. Do not give morphine, and above all don't "tinker" with the eyes. You cannot be certain whether you have a case of iritis, retinitis, or some stage of glaucoma, and if conceited in the possession of a little knowledge of ophthalmological therapy, which in such cases would indeed be "a dangerous thing" you might use atropia in a glaucomatous condition, and increase the tension which is already present. Better do nothing than do wrong.

And now a few words regarding the so-called "fitting" of glasses by the general practitioner. If he is acquainted with the underlying principles of optics, if he is competent to recognize abnormal conditions of the fundus, if he is able to prove his work by the "shadow" or retinoscope test, then let him put in a trial case and fit glasses, and charge the regular fee for his work. But if he knows nothing except to put one lens after another before the eye until approximately perfect vision is obtained regardless of what pathological condition may be present, and if he then acts as a retail optician and hypnotises the victim sufficient to get from five to fifty dollars for a pair of spectacles which cost him, perhaps, fifty cents., I think his practice is open to criticism, as indeed is that of every optician. The few dollars gained by optical work may compensate a physician for being termed an "eye doctor" by the country people, but he will soon find that he is fallen in the estimation of his patrons and, like the man who is "so good for children," he will find that big cases will go to the other fellow who is not a Jack of all Trades.

Don't envy the oculist who seems to

make his money so easy. Remember he has worked hard to attain his reputation as an "eye doctor" and if he is not one of those "general" specialists he has refused many cases not in his line, perhaps at times when dollars looked as big as cart wheels to him. Regard him as a teacher ready and willing to help you to do the simpler things better than you have done them before. That is his work and if this relationship between the specialist and general practitioner were more generally recognized we would hear less talk about division of fees and the payment of commissions.

In this paper I have sought to give a plain, straightforward, honest expression of facts as I find them, believing that you would be more interested in such a paper than in a weighty and technical disquisition on abstruse subjects of little practical value, or reports of extraordinary or anomalous cases such as you are never likely to be called upon to diagnose or treat.

Treatment of Typhoid Fever.

BY ROBERT M. STERRETT, M. D., NEW YORK.

TO speak of the treatment of so complicated a disease as that represented by typhoid fever, in any concise, specific way, is scarcely proper; and to present a definite, comprehensive line of therapy in a few words is not possible.

At the same time, as our knowledge of the etiology and pathology of disease is perfected, our comprehension and scientific application of remedial measures is more definite and precise, we can successfully cope with heretofore exceedingly difficult problems in medicine to the great saving of life and to the honor and satisfaction of the physician.

In mapping out a line of treatment for typhoid fever with all its symptoms, its stages of onset, progress and decline, its complications and sequelæ, it is of the greatest importance that we comprehend early in the campaign the causes, locale, and mode of development of the infection.

That this disease is always associated with the propagation of the typhoid bacillus, and that the small intestine is the place where the bacillary development occurs, is agreed by all physicians worthy the name.

That there are other factors in the full development of typhoid fever than the bacilli is shown from the fact that under certain conditions unfavorable to the bacilli, but unfavorable to the host, the former are disposed of by the natural physiological processes resident in the normal healthy individual, and the disease does not become manifest.

If, on the other hand, the invasion of the microbic army is of such force and numbers, and the condition of the host such that the natural powers are enfeebled, the disease processes are set up which, unless interfered with, pur-

sue the usual cycles of typhoid fever, of greater or less severity.

It is the province of the physician to "interfere" with these disease processes whenever it is possible, otherwise a good nurse is all a patient suffering with typhoid or any other disease requires to go through the ordeal—and, unfortunately, this is what some patients get, plus the regular visits of the doctor who "looks in" every day to see how the sick man is progressing.

The way some of our dogmas do possess us is amazing. When we once get the idea that a person infected with a colony of bacteria *must* pass through all the stages of disease resulting from the birth, growth and death of any number of these bacteria, we don't care, some of us, to interfere, but stand by and note the *laws established* by the enemy who are sworn to conquer, as they affect the charges we have undertaken to defend. And, too, because we would rather *wait* until we see the enemy in our back yard before we decide whether he is really a foe or a friend; in other words, until we can be sure of our diagnosis—until the thing has gone so far we are sure of it. Then, if the patient dies, we *know* he died of typhoid fever; if he gets well, we are *sure* he got well of typhoid fever, and we're very glad and proud of, what? Our diagnosis! How about doing something to reduce the force and numbers of bacilli in the very beginning—when we, from experience and observation, realize the chances are that the invasion is in its incipiency, and there is yet an opportunity to do something to check it?

Here is where we can sum up—concentrate. We know that the principal lesions are in the intestinal tract; that the bacilli swarm there; that they increase the power of putrefactive bacilli there also, and which in turn reciprocate; that if we can even render the intestines less *fit* for bacillary propagation, we can do some good, and, striking at the "main issue of the campaign," we can reduce the total of damage likely to occur, and prevent complications and sequelæ.

Intestinal antisepsis is the keynote to the situation. The sulphocarbolates are, in my opinion and practice, the safest, most efficient and reliable, when used boldly and in sufficient dosage to render the stools inodorous—no matter what amount may be required in any given case.

If there is little diarrhea, the sulphocarbolates of sodium are indicated; if the discharges are excessive, the zinc salt is used; if there has been much emaciation or a cachexia, the sulphocarbolate of lime is of great service. That these salts do render the bowels decidedly antiseptic is without a doubt, as evidenced by the reduction of temperature; the changes in the character and the frequency of the dejecta; and the general shortening of the time of the disease, when they are used early in the attack.

The various symptoms, headache, delirium, etc., are greatly relieved when the intestinal tract is cleaned out and kept clean by the administration of calomel and mild salines early in the treatment, and these followed by the free use of the sulphocarbolates.

The dose is anywhere from five to ten grains of either of the salts, or a tablet of the three combined—five grains daily until the desired results are obtained. In children the dose may be from one to three grains and given every two to four hours, until the bowels become aseptic, the tympanites disappear, and there is general improvement manifest.

This line of treatment brings good results; all theories of the impracticability of rendering the prima via aseptic to the contrary notwithstanding. It is safe—if the sulphocarbolates are pure—and to any members of the cult who would prefer to see their typhoid fever cases get well, even if they do not show all the classic evidences of the disease as laid down in the books, I would say—unless you know some better way, try this. If you do, let us have it, by all means.—*Texas Medical Journal.*

Pelvic Suppuration.

D. MACLEAN, M. D.

GENERALLY speaking, pelvic suppuration may be considered from two stand-points—suppuration of the adnexa, and suppuration of the cellular tissues surrounding the uterus and vagina, and between the broad ligaments.

Whether the inflammation, which in all cases precedes the suppuration, be from puerperal or gonorrheal infection or traumatism, is not of so much consequence as to be able to diagnose the situation of the difficulty, and the tissues involved, so as to use the proper surgical method for relief.

There is a tendency at the present day, especially with the younger surgeons, to operate as early as possible in all pelvic inflammations regardless of the fact that only a very small percentage of inflammatory conditions of tube and ovaries, or pelvic exudates ever suppurate. This is the observation of all gynecologists who have had any extended experience.

To diagnose whether the seat of trouble be in the ovaries, tubes or cellular tissues, is not always an easy matter. The pain in the tubes is usually less than in the other varieties, unless the peritoneum is involved, or it be a case of sacto salpinx; the tube being greatly distended with both ends enclosed. The pain in such cases is severe and colicky in character. Not unfrequently, however, we find the tube distended with pus, almost ready to burst, with scarcely any pain.

When the ovaries are the seat of the inflammation we have a heavy, burning pain in the groin, corresponding to the ovary affected. Pressure produces severe pain and a sickening feeling with nausea. The pain extends down the thighs.

In cellulitis we have chills, high

fever, pains radiating over the abdomen and great sensitiveness. The bladder and rectum are always more or less affected, producing painful urination, and unsatisfactory movements of the bowels.

It is possible to have the tubes, ovaries, and cellular tissues involved at the same time. Generally the inflammation extends from the tubes to the ovaries, peritoneum and cellular tissues, forming one solid mass. If the difficulty is confined to the cellular tissue only, on bimanual examination the finger will come in contact with a firm, hard resisting non-elastic body during the inflammatory stage, while the tube will be less resisting and more elastic.

Any case of pelvic suppuration must be operative. The question is only one of choice. Shall it be laparotomy or vaginal opening with drainage. If the case is purely a cellular abscess the vaginal route should be selected. The opening should be sufficiently large to admit a finger or even two, to enable all pockets or bands to be broken up, and permit free drainage. The cavity should then be irrigated by a normal salt solution followed by peroxide of hydrogen, a solution of permangate, or carbolic acid. I must say while I have used other solutions, a two percent solution of carbolic acid has been the most effectual in my hands. Pus sacs in the tubes may be opened from the vagina but such procedure is seldom successful in effecting a cure. I firmly believe it is not the proper method. It is almost impossible to create a healthy condition of the mucous membrane lining the tube even with free drainage and local irrigation. Such cases become chronic. On the other hand when pus is evacuated from a cellular abscess the tissues contract, the cavity gradually gets smaller and a satisfactory result is obtained.

When tubes, or ovaries or both, are the seat of accumulation of pus it should be a laparotomy. There are always adhesions which can always be better reached through the abdomen than the vagina. Usually only one side is affected, and both tube and ovary should be removed. If the cause is from a gonorrhœal infection there is no assurance but that the opposite side may be affected at some future time, but operation is not justifiable while it is apparently healthy.

Diphtheria.

BY J. A. WILLIAMS, M. D., REIDSVILLE, N. C.

Read before the recent meeting of the North Carolina Medical Society, at Raleigh.

MY object in bringing this subject before you in annual debate is: That it may be discussed freely, each giving his experience in a practical way, and thereby help some or all of us in decreasing the mortuary statistics of this great scourge of childhood.

Diphtheria is derived from the Greek word meaning a skin or membrane. It is an acute, specific and constitutional

disease, being both contagious and epidemic. It usually begins by an affection of the throat, characterized by local exudation, glandular enlargement, more or less febrile reaction, prostration of vital powers, and frequently causing more or less paralysis of various parts of the body.

Cause.—The chief and exciting cause of this disease is: A specific micro-organism known as Klebs-Lofflers bacillus, which in its action generates a poisonous toxic substance called toxalhumin, the absorption of which causes the disease and not the germ itself. This specific micro-organism is found in the excretions, exudes and saliva, capable of being exhaled, thus contaminating the air, clothing, bedding, furniture, and whatever else may be contained in the room.

The Predisposing Cause.—It is chiefly a disease of childhood, though not always confined to them, as the adult may often be afflicted. All bad hygienic surroundings, nasal, pharyngeal and laryngeal catarrh promote its growth. Associated with the bacillus of diphtheria are frequently found other pathogenic bacteria—the streptococcus pyogenus and the staphylococcus pyogenus aureus, the former of which occurs more frequently.

Pathology.—The pathology of this disease is interesting because it is essential in making a diagnosis. The throat is red, containing spots or almost covered entirely with a greyish membrane consisting of epithelial cells and leucocytes, which are granular and entangled in a network of fibrin. This being formed by the action of the germ on the surrounding tissue, causing coagulation, necrosis and exudation of fibrin, entangled in the meshes of which may be found the bacillus of diphtheria, as well as the germs of suppuration. This membrane may extend into the nose or larynx. It is characterized by being embedded in the substance of the mucous membrane, so that when being pulled or mopped off, leaves a bleeding surface. Its natural mode of removal being by absorption, suppuration or gangrene. The muscular system, the heart, kidneys and liver undergo more or less albuminoid and less often fatty degeneration. The spleen and glands of the neck are enlarged. The brain and nervous system are frequently involved and neurites often produced by these toxic substances.

Symptoms.—The symptoms are rarely typical, but vary both in intensity and character. The onset may be mild, commencing with rigors, with but little fever, stiffness of the muscles of the neck, slight sore throat, headache, langor and but small amount of exudation of membrane. Or the invasion may be more abrupt, beginning with a chill; temperature of 103 to 105, quick pulse, severe sore throat, stiffness and swelling of the glands of the neck, coated tongue, loss of appetite, loss of strength and prostration, the bowels being slightly constipated or tendency to diarrhœa. The urine is scant, high colored and contains albumin. On inspecting the throat you will find it red, swollen and containing a greyish membrane often covering the tonsil and uvula as well. The patient complains of the throat being dry, with constant

desire to hawk and frequently spitting up pieces of membrane with ulcerated tissue, giving offensive odor. If there is extension into the nose there will be an offensive discharge from this cavity, often epistaxis and frequent excoriation of the upper lip. Extension into the larynx is indicated by hoarseness, croupy cough, noisy and stridulous breathing, and dyspnœa. Dyspnœa is so severe and spasmodic at times that the child will be cyanosed and die from lack of oxidation unless immediately relieved. The disease lasts from ten to fourteen days unless there is a relapse.

Sequalæ.—In severe cases the patient is often left cachectic and anæmic with various paralyses, pharyngeal being the most common and often occurs in mild cases. Paralysis of the heart and syncope is not infrequent with fatal results. Strabismus, hemiplegia and paraplegia may also occur.

Diagnosis.—The diagnosis and treatment is of most importance to the general practitioner. But with the modern facilities for microscopical and laboratory work, the diagnosis has been made much easier than in former years. The finding of the diphtheria bacillus, together with the history and symptoms as given above, will make the diagnosis complete. I will say, however, that the finding of Klebs-Lofflers bacillus alone in the throat without local or constitutional symptoms does not always make a diagnosis of diphtheria. My experience in the New York Infant Asylum in 1897, in an epidemic of diphtheria, out of the examination of the throats of four hundred (400) children twice a week, we frequently found the bacillus without any further development of symptoms whatever, either local or constitutional. The best means of obtaining a culture for examination for practical purposes is: A sterilized test tube containing Loffler's blood serum or agaragar to the depth of about two inches. Then with a sterilized steel swab (wrapped at the end with a small piece of cotton) mop the throat and insert this end of the wire into the media of serum or agar and plug the tube with a piece of sterilized cotton. This is then placed in an oven and kept at the body temperature for twelve to twenty-four hours. The culture can well be seen in the media around the end of the swab. With a sterilized needle smear some of this on a cover-slip and passing it several times through an alcohol flame to fix it—stain one-half minute with watery solution of methylene blue, wash it off well with sterilized water and by the (use of an oil) immersion lens examine under a microscope and you can readily discover the bacillus. However, unless one is expert in this examination and familiar with the use of the microscope he may mistake other micro-organisms for this. I would, therefore, suggest that he send his specimen to the State Biologist, who could make the proper culture and give a diagnosis within twenty-four hours. This I think should be highly indorsed as he is more expert, better prepared, giving his whole time and attention to such work.

With the presence of the diphtheria bacillus it is easily diagnosed from follicular tonsillitis by slight or absent

systemic symptoms, absence of glandular enlargement of the neck and by ulceration being limited to the follicles of the tonsil. From scarlet fever by the presence of scarlatine eruption and absence of membrane. From croup by the constitutional symptoms and seat of disease. In diphtheria the pharynx is usually the chief seat and beginning of the disease while in croup the larynx is the chief seat of the disease. In diphtheria of the larynx the symptoms are chiefly those of mechanical obstruction. Diphtheria is highly contagious and epidemic; croup occurs spasmodically and not contagious. In diphtheria the temperature usually begins to decline after the third or fifth day, while in croup it remains high in proportion to the mechanical obstruction. The urine in the former contains albumin and not in the latter.

Prognosis.—The prognosis in mild cases is favorable. If accompanied with high fever, an exudate spreading into the nose and larynx, with hemorrhages, glandular enlargement, large amount of albumin in the urine, rapid, feeble pulse, the diagnosis should be *grave*.

Treatment.—The treatment in order to simplify I will divide in: 1. Prophylactic. 2. Serum. 3. Constitutional. 4. Local.

I. Prophylactic.—As soon as the patient is seen, even in suspected cases, before the diagnosis is clear, should be isolated and passing in and out of the room prevented. The physician himself should use every means to prevent the spread of the disease. A gown to protect his clothing and a cap should be worn, which can be removed on leaving the room, to protect others with whom he may come in contact. This, I am sorry to say, is not always adhered to by the profession, and they are often responsible for the infection of others.

II. Serum.—The antitoxine treatment of diphtheria has ceased to be an experiment, and is now an acknowledged fact by the majority of the profession. In my opinion it is one of the most wonderful discoveries made in the medical profession during the past century. While in the minds of some there is still a doubt as to its efficacy, this I think is due to the fact that the dose was too small to get the proper physiological effect, being given in from five hundred (500) to one thousand (1000) units. This will usually be sufficient as a prophylactic but not as a curative. In mild cases I give from one to two thousand units (injected in the subcutaneous ariola tissue, preferably on the inner side of the thigh) to be repeated within twelve to twenty-four hours unless there is considerable improvement in the patient. The number of units used should be in proportion to the severity of the case. In severe cases from two to four thousand units, to be repeated within twenty-four hours. The English physicians have demonstrated the fact that very severe epidemics demand heroic treatment and have given six, ten and even twenty thousand units within twenty-four hours with gratifying results. Gidney in concluding an article on diphtheria says: "There is little to fear of administering an over-dose." In English hospitals it has been thor-

oughly demonstrated that by the use of large doses of antitoxine administered in the early stage (second or third day) of the disease has reduced the mortality to two and one-half per cent. If both the laity and the physician would do their duty, the laity in sending for the physician early, the physician by careful examination and the early use of antitoxine will, in my opinion, reduce the death rate even a great deal below this. With the proper use of serum therapy in the early stages, there will be but little need for local or constitutional treatment. However, a certain amount of such treatment is necessary.

III. Constitutional.—I usually begin by giving small broken doses of calomel every hour or two until the bowels move thoroughly. The patient is put on the most nutritious liquid diet, such as milk, beef-peptinoids, egg albumin, broths, kumyss, etc. The diet should be given at regular intervals of from two to three hours, as nutrition is essential in sustaining vital powers. This being a very depressing disease I think it advisable to use stimulants early, before exhaustion and prostration occurs. In my opinion there is no stimulant which acts quite so well as whisky and strychnine; whisky in from thirty minims to one-half an ounce every three or four hours acts most charmingly. Nothing will support the heart and tone up the general nervous system like strychnine every six to eight hours as indicated. To reduce the temperature I always use the sponge bath, one-third to one-half alcohol in water and sponge the patient as often as is necessary to keep the temperature down. I am opposed to the use of coal tar products, as they are all more or less depressing to the heart, which now needs support. An ice cap may be placed on the head, as this not only aids in reducing the temperature, but prevents brain complications. Given internally the tincture of iron in combination with quinine may be used throughout the attack with great benefit. In some cases of laryngeal diphtheria the inhalation of steam or unslacked lime will often give relief.

Local Treatment.—The chief aim in local treatment is to prevent or limit the action of the bacillus. The throat should be kept clean by the use of listerine or borolyptol as a frequent gargle, and mopping the throat every two or three hours with a 50% solution of peroxide.

The following prescription I find very valuable:

Tincture of Iron ½ to 1 drachm.
Acid Carbolic 5 to 10 minims.
Chlorate Potash ½ to 1 drachm.
Glycerine ½ ounce.

Sig. Aquæ q. s. to 2 ounces.

Teaspoonful. Gargle and swallow every three or four hours not allowing any liquids to be taken afterwards for some time. If the nose is involved this cavity may be frequently irrigated with weak saline solution and the following spray used:

Carbolic Acid 8 minims.
Menthol
Eucalyptol aa 1 to 2 per cent.

Sig. Liq. Alboline q. s. 2 ounces.

Spray nose and throat every three or four hours. In case there is extension into the larynx, the same general treat-

ment with the above spray can be used. Inhalations of steam or fumes of unslacked lime is beneficial, being directed by a funnel or placed under the sheet. In case these means fail intubation or trachæotomy must be resorted to. For the purpose of intubation every physician should have an intubation set as it will well pay for itself in his first case. It is much more preferable to trachæotomy, being easier to perform, requiring less after treatment and more readily submitted to by patients and parents.

After Treatment.—The after treatment consists in complete disinfection. The clothing of the patient should be changed after giving a bath and the patient changed into another room. Everything that can should be boiled, preferably in a two per cent. carbolic solution. Everything else should be left in the room and the room then made air tight by plugging all crevices with paper. The formaldehyde gas is then pumped into the room through the key-hole for one or two hours and left for twenty-four. After this the doors and windows should be opened and the room scoured and washed. This should be left open and unoccupied for several days. If you have not the means for using formaldehyde gas then sulphur about four pounds to 1000 cubic feet should be burned by placing the sulphur in a basin surrounded with water, leaving the room closed for twenty-four hours and then thoroughly washed. If the prophylactic treatment is carried out by keeping all who have been exposed at home for ten to twelve days and giving them injections of from 500 to 1000 units of antitoxine, together with thorough disinfection afterwards with formaldehyde gas, there will be comparatively little danger of the disease spreading and diphtheria epidemics greatly lessened.—*Charlotte Medical Journal.*

Surgical Hints.

[From the International Journal of Surgery.]

Powdered boracic acid makes a useful dressing for burns and ulcers. When the wound surface is large, however, it should not be employed, for poisoning may follow from the absorption of considerable amounts of boracic acid.

Not only is a skiagraph of help in determining the position of the fragments of a broken bone, but whenever practicable the fracture should be reduced and dressed *under the immediate guidance of the X-rays*, and with the aid of an anesthetic if necessary.

The location of tender diseased areas is often very difficult in very ill, crying infants. The administration of chloroform to the extent of primary anesthesia makes examination very easy, and further, the palpation of a painful area is promptly marked by lively reflexes.

Collodion, so useful for sealing over a puncture wound after aspiration, will not adhere to the skin if the puncture hole is bleeding. To obviate the difficulty pinch up tightly the skin about the tiny wound, dab on the collodion, and continue the compression for a minute or two thereafter.

Distressing tympanites is often quickly relieved by the administration of a

warm enema of peppermint water. A sensitive rectum may usually be made to retain a nutritive or stimulating enema, by the addition to it of ten to twenty drops of tinct. opii, or by the preliminary introduction of an opium suppository.

Vinegar poured on a towel or a piece of gauze, given to patients recovering from ether anesthesia as a prolonged inhalation, will do a great deal to prevent nausea and vomiting. It must be kept up as long as there are any evidences that the stomach may again be disturbed.

Burow's solution of aluminum acetate, the most useful "wet dressing" in our armamentarium, frequently causes whitening and maceration of the skin when applied to the hand or foot. While this is of no consequence, it is unsightly and often alarms the patient. It may be prevented by adding to the solution one-fourth its bulk of glycerine or alcohol.

Whenever possible, resort to anesthesia for the inspection and dressing of severe injuries. It allows the surgeon to take more time as he is not afraid of hurting the patient, hence he can make a more thorough examination and apply a more efficient dressing. The elimination of pain will also do much towards preventing shock.

It is well to remember that one of the worst things to do to a person who has sustained a severe traumatism is to fill him up with whisky. It is usually the first thing done by the laity, and it makes the patient excitable, does not materially diminish suffering, is apt to favor hemorrhage, and may mask some of the symptoms.

In all accidents and traumatism it is well to inquire at once into the existence of any diathesis. An investigation revealing a previous condition of diabetes, syphilis or tuberculosis, or of renal, gouty or rheumatismal disturbances, greatly affects both treatment and prognosis. If we await the time when such complications become manifest before we discover their possibility we waste precious hours.

The most valuable possession of a modern surgeon is a refined and accurate tactile sense. The great majority of patients are only too glad to submit to a thorough examination, and the latter, done as a routine measure in all surgical cases, is not only often productive of unsuspected information, but is of the greatest educational value to him who recognizes that skill with the knife should only be a small part of his attainments.

The occurrence of intermittent swelling in the submaxillary region, with or without pain, redness, tenderness and fever, due to suppuration, is very suggestive of the presence of a salivary calculus usually in the submaxillary duct or gland. If pus can be milked from the duct the diagnosis is more certain. The stone can usually be palpated, or located by passing into the duct the wire stilette of an aspirating needle. Submaxillary mumps occurs sufficiently often to be also borne in mind in dealing with swellings in that location.

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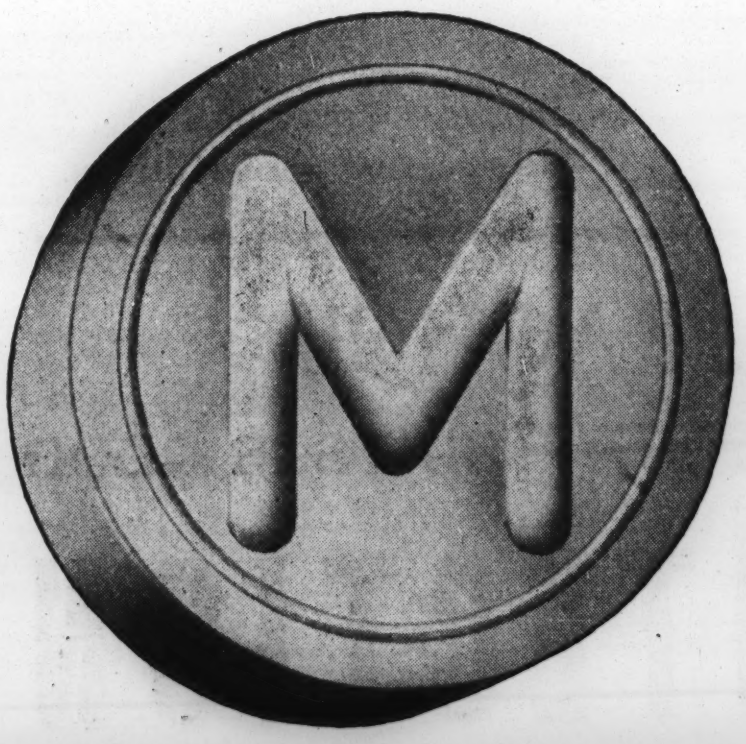

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Editorials.

California Medical College.

The twenty-seventh annual session of the California Medical College opened on the 3rd of last month with a goodly attendance. The freshman class is larger than last year, which is gratifying. Classes have been falling off in all colleges. The studies have been extended, the cost increased until the poor man's son has but little chance. Boards of Examiners are bugbears to medical students. After attending four years in a medical college—the best four years of their lives—their future prospects may be blighted, by the action of one unprincipled man, on a Board of Medical Examiners.

The California Medical College never entered on a course of lectures where so much enthusiasm had been manifested by professors and students as this term. The attendance is prompt from 8 a. m. to 5 p. m.

Six to eight hours a week are devoted to clinical instruction in medicine, surgery, gynecology and obstetrics in the City and County Hospital, under charge of the College Visiting Staff. Daily clinics are held in the College Building, where a variety of diseases are treated and every opportunity offered for physical diagnosis. Senior students are also afforded advantages at the Irving Sanatorium on California Street, where they assist in all classes of surgical cases. The California Medical College is a credit to the Eclectic profession.

Board of Medical Examiners.

An Examination was held during the month of October. The law provides: "Examinations shall be practical in character and designed to discover the applicant's fitness to practice medicine and surgery."

Is such a question as this designed to *discover* the applicant's fitness?—"Mention eight points of interest in the sphenoid bone." Is it not possible for an applicant to be a good general practitioner without being able to answer the question? How often does the practitioner of medicine see a sphenoid bone after leaving college? Does the question test his knowledge of medicine and surgery? Doubtful! Take this question: What are Grawitz tumors? What is Eck's fistula? Some irreverent applicant might exclaim who in thunder are those people? True, but it represents one-tenth of your knowledge in pathology. Has the Examiner or the applicant ever seen Eck's fistula? If they did, how much would it help in the practice of their profession, or tend to discover the fitness of the applicant? Is this question designed to discover the applicant's fitness to practice medicine and surgery? "Give the chemical notation of acidum boricum, acidum aceticum glaciale, acidum carbolicum, chloroform and quinine." Supposing he answers that the formula for quinine is $C_{20}. H_{24} N_2 O_2 3H_2 O$. which one in a hundred can do, how much has the Examiner discovered as to his fitness, or as to his knowledge thereof, physiological action or therapeutical application of the drug? We will take up this question at a future time and show that the Board is violating the law both in letter and spirit.

We quote the following from a speech delivered by Dr. W. Porter of St. Louis, before the American Medical Editors' Association as reported in the *American Medical Journalist:*

"We all know of students who have never attended a case of obstetrics, adjusted a fracture or differentiated a heart murmur, graduating with profound knowledge of questions which neither you nor I could answer and of little or no value to them in practical life. Such young men spend the first few years of so-called private practice in forgetting the non-essentials which they have spent much time and money in acquiring and in learning the necessities for medical success at the expense of their patients. I firmly believe that the day of didactic lecture is over, except in a few departments and in antiquated institutions. It is an absurd proposition that a student in a large city should be taught practical branches in a lecture room, while he can see from his window numerous hospitals to whose wards there is, for him, no admission.

Very recently three young graduates were with me in the wards of Marion-Sims. I pointed out to them the site of a well-marked amphoric sound, and they told me they had never heard an amphoric sound before. I sympathized with them, for I remembered my own experience when, after graduating at one of our most favored colleges, I had gone into the wards of the London

Hospital, where Sir Andrew Clark asked me to make out a mitral regurgitant murmur, and I failed. His almost imperceptible accent of "Doctor," as he expressed his surprise, caused me to consign to the waste basket some beautiful cards bearing the insignia of "M.D.," and for two years plain *Mr.* was good enough for me.

It is a wrong to young men, a great wrong to the profession and a greater wrong to the patient that so many of our graduates have so little practical wisdom. It can be remedied. Should not we, who have the power to enforce this demand, make it unitedly and unceasingly till the wrong is righted and our graduates are veritable physicians instead of scholastics?

Editorial Notes.

Dr. F. W. Abbott of Taunton, Mass., had the distinction of being either the attendant or consultant in twenty-four cases involving suits for damages, all at once.

Here is an opportunity for the industrious student—an internship in the Red Cross Hospital at Juneau. The best student gets the position. It might be Nellie B.

Dr. L. B. Perce, of Long Beach, President of the Board of Medical Examiners, spent last week in the city, attending to the duties of his office. He was busy.

The Editor made a flying trip to Healdsburg. Had a pleasant time with Dr. Crocker in his new ideal Sanitarium.

We are pleased to learn that W. J. Laurence, a student in the California Medical College, who has been seriously ill is on the road to recovery. May it be speedily.

Dr. Lamb, who has been rusticating in the mountains for his health, will return home with the strength of the rock ribbed Sierras, and the towering ambition of the pines which lift their lofty heads above the clouds.

Messrs. Burroughs, Wellcome & Co. have decided to hold, in London, an exhibition of historical objects illustrating the development of the art and science of healing. Anyone interested in the subject or who possesses ancient manuscripts, etc., is requested to communicate with Henry S. Wellcome, Snow Buildings, London, E. C.

A Bureau of Translations devoted exclusively to the medical sciences has been established in Chicago. They are prepared to assist the labors of medical investigators making abstracts or furnishing translations from any European, as well as from the classical and Oriental languages.

Dr. C. A. Hascall writes from Juneau that he has all the business he can attend to, and is having the most flattering success. He has opened a private hospital with fifty beds. We wish him every success, and a pleasant journey in the land of the midnight sun, brilliant aurora borealis and cool Glaziers.

The Editor feels he is provided for the coming winter, as Dr. Hascall has sent him a card which entitles him to a good bed and three square meals un-

til the 15th day of June next. Thanks, doctor, I shall think about it. Could you send a transportation card?

The County Medical Society.

The regular meeting of the San Francisco County Society of Physicians and Surgeons was held at the office of Dr. Gere, Wednesday evening, October 5th.

Dr. Deardorff was appointed to read a paper October 19th, and Dr. Vandre to have a paper on November 2nd.

Dr. D. Maclean was to have presented a paper at this meeting on "Kidney Remedies," but on account of his absence the paper was postponed.

Dr. Atkins reported an experiment which he performed recently at the Potrero with the aid of Drs. Lewis, Hunsaker, Nobles and Higgins, and Mr. E. H. Forst, an expert electrician. He subjected a sheep to trachæotomy and passed two platinum wires into the lungs outside of the blood current. A galvanometer connected to these wires was forcibly deflected both ways with each breath of the sheep showing an alternating electrical current generated within the lungs. At each inspiration oxygen was given, and it was seen that the activity of the galvanometer was increased. This, the doctor claimed, proved his contention that the blood was vitalized in the lungs by electrification and not absorption of oxygen. He expects to repeat this experiment soon at the California Medical College.

This experiment was freely discussed by nearly all of the doctors present and many interesting points were brought out.

Adjourned at 9:45 p. m.

W. C. Bailey, M. D., Sec'y.

President Amador of the Republic of Panama has appointed the following officers of the Fourth Pan-American Medical Congress, to be held in Panama the first week in January, 1905:

Dr. Julio Yoaza, President,
Dr. Manuel Coroalles, Vice-President,
Dr. Jose E. Calvo, Secretary,
Dr. Pedro de Obarrio, Treasurer.
Dr. J. W. Ross,
Dr. J. Tomaselli } Committee-men.
Dr. M. Gasteazoro

There will be but four sections: Surgery, Medicine, Hygiene, and the Specialties, to which the following officers were appointed:

Surgical Section—
Major Louis La Garde, President.
Dr. E. B. Harrick, Secretary.
Medical Section—
Dr. Moritz Stern, President.
Dr. Daniel R. Oduber, Secretary.
Section on Hygiene—
Colonel W. C. Gorgas President.
Dr. Henry E. Carter, Secretary.
Section on Specialties—
Dr. W. Spratling, President.
Dr. Charles A. Cooke, Secretary.

Ramon Guiteras, Sec'y.

Reviews and Extracts.

The Pure Food bill before the United States Senate reads as follows: "To investigate the adulteration of foods, drugs and liquors when deemed by the

Secretary of Agriculture advisable, and the Secretary of Agriculture, whenever he has reason to believe that arricles are being imported from foreign countries which are dangerous to the health of the people of the United States, shall make a request upon the Secretary of the Treasury for samples from original packages of such articles for inspection and analysis, and the Secretary of the Treasury is hereby authorized to open such original packages and deliver specimens to the Secretary of Agriculture for the purpose mentioned, giving notice to the owner or consignee of such articles, who may be present and have the right to introduce testimony, and the Secretary of the Treasury shall refuse delivery to the consignee of any such goods which the Secretary of Agriculture reports to him have been inspected and analyzed and found to be dangerous or falsely labeled or branded."—*American Medical Journalist.*

Common Errors in Diagnosis and Treatment of Dicease of the Pharynx, Larynx and Nasopharynx.

By Dr. Dundas Grant, (London *Clinical Journal*, No. 20, Aug. 31, 1904).

This paper is well worthy of a careful reading not only by those especially interested in disease of these parts, but by the general practitioner as well. It is a brief but excellent resume of points that should be kept in mind by all in examining a patient whose symptoms demand investigation of the throat and nose.

The author takes note of the difficulty of diagnosing the various acute forms of pharyngitis. Many times a diagnosis of diphtheria is made when lacunar tonsillitis, peritonsillitis, syphilis, keratosis or tuberculosis is really the condition present. He points out that in diphtheria no striking rise of temperature occurs; the constitutional disturbance tends toward depression without rise of temperature unless the Klebs-Lœffler bacillus is combined with a streptococcus infection. Lacunar tonsillitis has an exudation confined to the tonsil crypts, and where this, as occasionally happens, runs over on the neighboring tonsil its identity is established by the ease with which it is wiped away. The membrane of diphtheria if removed betrays by the bleeding points beneath, its intimate connection with the bed from which it is taken.

The physiological fossa of the tonsil, first described by Tortual, often leads to a faulty diagnosis. In some tonsils it is very large, and when lacunar tonsillitis affects the crypts in this hollow the appearance is of a deep excavating ulcer; when the exudation is wiped away, however, its true nature is readily seen. Cases of "pharyngomycosis leptothricia" or keratosis are sometimes mistaken for serious disease. A microscopic examination of these nodules will show them to be made up of layers of cornified epithelium.

Tuberculosis is rare in the pharynx but does occur and is usually mistaken for specific disease. Its course will commonly correct the error before long.

Sometimes sarcoma is taken for peritonsillar abscess. Before it has fun-

gated it presents a red appearance. An incision here will of course declare the absence of the pus of a quinsy. Sarcoma of the tonsil is almost always accompanied by gland enlargement in the neck and often these glands are the most conspicuous feature present. The difficulty of opening the mouth seen in quinsy is very characteristic in sarcoma of the pharynx also.

A septic peripharyngitis again produces a similar picture,—early diagnosis is most important here and the use of anti-streptococcus serum has been of much service in such cases.—*Post Graduate.*

Lumbago.

We have in lumbago a very painful and uncomfortable ailment localized in the lumbar region, which at times is very unsatisfactory to treat, the results often being discouraging to both doctor and patient. Every practitioner no doubt meets with many cases of this kind. Often the patient will come to you with an excruciating look upon the face and every step made is agony; with difficulty they get down to a sitting posture, and with as much difficulty arise. In these severe cases I have had excellent results by radical treatment. I make it a point to give immediate relief, as usually these cases are of several days or weeks duration, and the patience of the victim has been sorely tried, and they are anxious for immediate relief of pain. I prepare the patient for a hypodermic injection in the lumbar region, and localize usually two painful spots on pressure over the sacro-sciatic foramen; then inject into and over these two painful spots:

℞ Morphine Sulphate..1-4 grain
Cocaine Muriate....1-5 grain
Natrium Chloride...1 grain
Aqua Bull.....1 drachm

Inject one-half of this solution on each side of the sacrum. In a few minutes the patient experiences a sense of relief and can move about with ease. This relief will last from three to twelve hours and often will relieve the patient entirely. I also paint over the affected region pure guaiacol and allow it to be absorbed as much as possible. Usually two of these treatments, in severe cases, are enough; then I put the subject on the following internal medication:

℞ Tr. Belladonna.....1-2 drachm.
Natrium Salicylate. 4 drachms.
Tr. Macrotys.....3 drachms.
Tr. Cardamon Comp. 2 drachms.
Elix. Lactopeptine.. 1-2 ounce
Glycerine..... 1-2 ounce
Aquæ....q. s. ad....4 ounces.

M. Sig.: Teaspoonful every three hours in half glass of water.

This treatment I keep up for a period of two weeks, in which time the lame and painful back has entirely disappeared.—F. J. Maha, M. D., Algonquin, Ill.—*Medical Brief.*

Normal Tincture Collinsonia Canadensis should not be overlooked in the treatment of cases of irritation with a feeling of constriction in the larynx, in chronic laryngitis, cough arising from excessive use of the voice, and in cough caused by diseases of the heart.

Utero-Vaginal Catarrh.

By Louis P. Reimann, M. D., Phila., Pa.

During the past two years I have experimented with Glyco-Thymoline in the treatment of some of the catarrhal conditions which affect the female genitalia. The splendid results which I obtained on the naso-pharyngeal mucous surfaces led me to try it on other mucous surfaces where the conditions were substantially the same. Actual clinical experience has proven to my satisfaction that in Glyco-Thymoline the practitioner has at his disposal a remedial agent, which, in my opinion, is unquestionably superior to the topical applications which I formerly employed. Without fear of contradiction I can say it is by far the best deodorant ever put in a purulent vagina. Under its influence the character of the discharge is rapidly altered and that comfort, relief and freedom from malodor which is of so much importance to the female patient, is secured.

Glyco-Thymoline, by reason of its peculiar composition, produces the rapid depletion so desirable, cleanses the surface and maintains an aseptic condition of the parts.

As an irrigation for the uterus and vagina, solutions of 10% to 25% are the most desirable; when the uterus is highly congested an intra-uterine irrigation of Glyco-Thymoline pure will produce wonderfully good results.

When I employ Glyco-Thymoline on tampons I find that either pure Glyco-Thymoline or Glyco-Thymoline two parts, glycerine one part, produces the best results.

Below I cite two typical cases which I have treated with Glyco-Thymoline during the past year.

Case 1. Miss R., age 23, weight 107, height 5 feet 2 inches. Profuse leucorrhœa (idiopathic). She was very miserable and "run down," anemic, very nervous; severe pain in back; discharge was profuse and acrid and excoriating congestion of cervix, excoriation of vulva. Treatment.—Ordered hot douches (110°) to be taken twice daily medicated with Glyco-Thymoline, two ounces to quart, and put the patient on the following mixture:

℞ Acid Phos. dil. ʒ iii
Tr. Ferri Mur. ʒ ii ss
Tr. Quassia ʒ iv
Tr. Card. Co. ʒ ii
Saturated Solution Magnesia Sulph. qs. ad. ℥ viii

M. Sig. ʒ iv, 4 times a day.

℞ Pil. Aloin. Bellad. Strych. et Ipecac

Sig. Take one each night at bed time.

This treatment was persisted in for two months when she was discharged; had gained weight and was entirely well.

Case 2. Ulceration of cervix. This patient had been treated with Boro-Glyceride, Iodine, Ichthyol, etc., but without much benefit. Resolved to try Glyco-Thymoline, which I accordingly did. Tamponed with lamb's wool saturated with pure Glyco-Thymoline, which was allowed to remain for twenty-four hours. On removal a hot douche of 10% solution of Glyco-Thymoline was given and tampon again introduced. This treatment was given

for three weeks when the patient was discharged cured.

REAPING PTOMAINES.

A great many people seem to think that it matters little what kind of material goes into the building of the human structure!

They feed on thorns and expect to pick roses!

Later, they find they have sown indigestion and are reaping ptomaines.

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being.

Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and the absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids.

Appreciating the importance of the command, "Keep the Bowels Open," particularly in the colds, so easily taken at this time of the year, coryza, influenza and allied conditions, Dr L. P. Hammond of Rome, Ga., recommends "Laxative Antikamnia & Quinine Tablets," the laxative dose of which is two tablets, every two or three hours, as indicated. When a cathartic is desired, administer the tablets as directed and follow with a saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated ecal matter.

A CORRECTOR OF IODISM.

Dr. W. H. Morse reports (*Southern Clinic* for May) success in the use of bromidia, which he says has proved corrigental of iodia. Discussing his results he says: "Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammrtion of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and although we are actually treating a symptom for this symptom bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order.

Pepto-Mangan (Gude) constitutes a valuable addition to our list of remedies. I prefer this preparation, which has never left me in the lurch, to all similar products, and am persuaded that within its field of indications it will prove of equal service to others. As regards the dose, it is advisable in general to follow the printed directions, although in individual cases it may be exceeded without the least untoward effects; for it is one of the prominent advantages of the preparation, that while exhibiting in full its curative effect, it never satiates or be-

comes repugnant, but permits of administration according to requirements, for a short period as well as many months, and that it is equally well tolerated by children and adults of both sexes without exciting the least aversion.

Sanmetto in Prostatitis of Gonnorrheal Origin and Frequent Micturition of Old Men Due to Prostatic Troubles.

While I am inclined to fight shy of proprietary preparations, I must admit that my first trial of Sanmetto was so satisfactory that I have since prescribed it a number of times. It acts like a charm in prostatitis of gonorrheal origin, and it was in two very severe cases of this type that I obtained the best results. In the frequent urination of old men, due to prostatic trouble, Sanmetto is without a peer, at least in my experience.

Wm. H. Smith, M.D.

Cincinnati, Ohio.

We call the attention of physicians to the advertisement of Triosine in the display pages of this number. The first hopeful treatment of chronic nephritis is presented. Strong claims are being made for the new diuretic and a number of physicians who have gotten favorable results have in preparation reports of their clinical experiences for future numbers of this Journal.

Kennedy's Extract of Pinus Canadensis is a valuable agent in chronic diseases of the mucous membranes, and admirable for the removal of morbid discharges of every kind.

Conspicuous by Their Absence.—The following States and Territories contain no medical college: Arizona, Delaware, Florida, Hawaii, Idaho, Indian Territory, Montana, Nevada, New Jersey, New Mexico, North Dakota, Rhode Island, South Dakota, Utah and Wyoming.—*American Medical Journalist.*

There are more sheep in medicine than one would imagine, not that they are often shorn, but that miserable disposition to leap after that other fellow, right or wrong.—*Ex.*

SOCIETY'S NEW GAME.

"Trail" has taken society by storm. It is something new, something different.

"Trail," as the name implies, is founded on a popular hunting sport, is played with fifty-three fine cards in four colors, representing a fox to be chased and caught, and four packs of hounds of thirteen each.

"Trail" has a constantly recurring interest for players as they perfect their playing from evening to evening, in marked contrast to certain recent boisterous games that bore the players at the end of an hour.

With the one pack six other splendid, new, copyright games can be played. Two Educational games, and two games of Fun, making it suitable foa all members of a family.

"Trail" can be had of dealers or sent post-paid, 75c. gilt edge, plain 50c. Rules for the seven games free.

Combination Card Co.,

Atlanta, Ga.

Book Notes.

Health and Disease in Relation to Marriage and the Married State.—Edited by Prof. Dr. H. Senator, and Dr. S. Kaminer, M. D. Only authorized translation from German into the English language, by J. Dulberg, M. D., in two volumes. Vol. I. Rebman & Co., N. Y., publishers. Price, 2 vols., $7.00. Original German text, 1 vol., $5.00.

The authors of this collection of articles bearing on the marriage state have taken the ground that matrimony with its resultant conditions presents an enormous field of activity for public hygiene and preventive medicine. This is especially true as so many marriages are entered into without any regard to the physical condition of the parties contracting them and without attention to their constitutions, state of health, descent or possible hereditary predisposition to disease. As a means of bringing about a better state of affairs it is necessary that the medical profession be thoroughly instructed in regard to all conditions bearing on the subject, and that it should be consulted on the subject. This book is the result of a very thorough and painstaking effort to view the subject in every possible light, and to bring together sufficient literature to cover it in all its phases.

The importance of marriage to the physical and mental welfare of humanity goes further than the desire for a healthy and vigorous offspring. It is considered in all its relationships. Apart from the sphere of procreation marriage is considered as having influence in three directions; first, as a source of disease, or the aggravating cause of pre-existent disease; second, disease or physical defects can have a detrimental influence on marriage; and third, it is possible for marriage to consummate the cure or alteration of conditions of ill-health.

All these relationships are discussed in full. Every condition bearing on the health and happiness of the individual, and on the welfare of the race, is the subject of a scholarly treatise by a recognized authority. General subjects are dealt with at first, and then diseases are taken up separately, so that no ground is left uncovered.

All physicians interested in the evolution of the race and the betterment of humanity will do well to become familiar with the contents of the book.

The Practice of Obstetrics.—By J. Clifton Edgar, Professor of Obstetrics and Clinical Midwifery in the Cornell University Medical College; visiting obstetrician to the Emergency Hospital of Bellevue Hospital, New York City; consulting obstetrician to the New York Maternity Hospital. P. Blakiston, Son & Co., Philadelphia. Second edition.

This is a most complete work. It has twelve hundred illustrations. No phase of midwifery is left untouched, and all the latest ideas are presented in a lucid and comprehensive manner. As a work of reference it should be in the hands of every obstetrician who believes in being up to date in the newest theories and procedures.

Diseases of the Stomach and Intestines with Modern Methods of Diagnosis and Treatment.—By Boardman Reed, M. D., Philadelphia, Pa. E. B. Treat & Co., publishers. Price, $5.00.

There has been a great and increasing demand for a modern treatise covering this subject, which we think has been filled by the work under consideration. The author is especially competent to write on gastro-enterology, his large practice having for twenty years been among such cases. He has spent much time in the clinics of Berlin and Vienna, as well as having devoted himself to post graduate study here.

With such an equipment he is in a position to speak with authority. It is better adapted to the needs of the general practitioner than any similar work, old or new. The methods of diagnosis and treatment are as little unpleasant and disturbing as are compatible with accurate diagnosis and successful treatment. This is important, as many of these chronic dyspeptics, etc., are intolerant of any but the gentlest handling.

The book is divided into four parts. Part I.—Diagnostic Data—Anatomic, Physiologic, etc. Part II.—Methods of Examination. Part III.—Methods of Treatment. Part IV.—The Gastro-Intestinal Clinic, treating of every known disease of the tract. Under Part II is a most interesting and useful chapter, "A Symptomatic Guide to Diagnosis. In this each symptom is referred to its possible causes.

We think that the author has accomplished his purpose admirably and that work will be welcomed and appreciated by the medical profession.

Hand-Book of the Anatomy and Diseases of the Eye and Ear.—For Students and Practitioners. By D. B. St. John Roosa, M. D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-graduate Medical School; formerly President of the New York Academy of Medicine, etc., and A. Edward Davis, A. M., M. D., Professor of Diseases of the Eye in the New York Post-graduate Medical School; Fellow of the New York Academy of Medicine. 300 pages, square, 12 mo. Price, extra cloth, $1.00, net. F. A. Davis Company, publishers, 1914–16 Cherry St., Philadelphia, Pa.

This book is intended for the use of the under-graduates and the post-graduates who are in the midst of seeing patients at clinics and dispensaries, and who are in need of a good manual to which they may turn for rapid corroboration of the facts they have noted, and so fix them in their minds. It is a true presentation of the present state of ophthalmology and otology, and is sufficiently elaborated to be a reliable guide. Both the well established views of the nature and treatment of ophthalmic and aural diseases and those methods now under trial are presented. The student and the busy practitioner alike will find it useful and convenient.

Kirk's Handbook of Physiology.—Fifth edition. Revised by A. C. Busch. Wood & Co., publishers. Price, $3.00.

We take pleasure in announcing the fifth edition of this excellent Physiology. In its present form it will be found thoroughly revised and modernized, and will no doubt continue to

hold its place in the front rank of text books.

It is well and carefully illustrated and worthy in every way of the esteem with which it has been regarded in the past by both teachers and students.

Text Book of Nervous Diseases and Psychiatry.—By Chas. L. Dana, A. M., M.D. Sixth edition. Wm. Wood & Co., New York, publishers. Price, $4.00.

This is one of the standard text books that has already earned a high place in medical literature. The present edition follows much the same plan as former editions, special stress being laid on a thorough knowledge of the anatomy of the nervous system.

It contains a description of the principal types of insanity, and the author's view of mania is extremely interesting.

Importance is laid on a distinction between major and minor psychoses, and emphasis is laid on the fact that one may have a psychosis and yet not be insane Chapters on psychiatry have been added and attention is called to cyto-diagnosis, which is the most important and practical of the recent additions to neurology.

There are numerous new illustrations and the arrangement of the book is convenient and logical.

Manual of Physiological and Clinical Chemistry.—By Elias. H. Bartley, B. S., M. D., Ph. G. Second edition. P. Blakiston's Son & Co., Philadelphia, publishers. Price, $1.00.

This very complete little manual has been enlarged and revised, and in its present form will be found to contain all that the physician will need for the ordinary examination of the urine, gastric contents, blood, feces and milk. The processes of examination are given in sufficient detail to serve as working directions, and explanatory notes and a brief statement of the clinical significance of results obtained accompany the description of each procedure. As the author has had twenty years' experience of a teacher, he is able to gauge correctly the needs of students and this book is the happy result.

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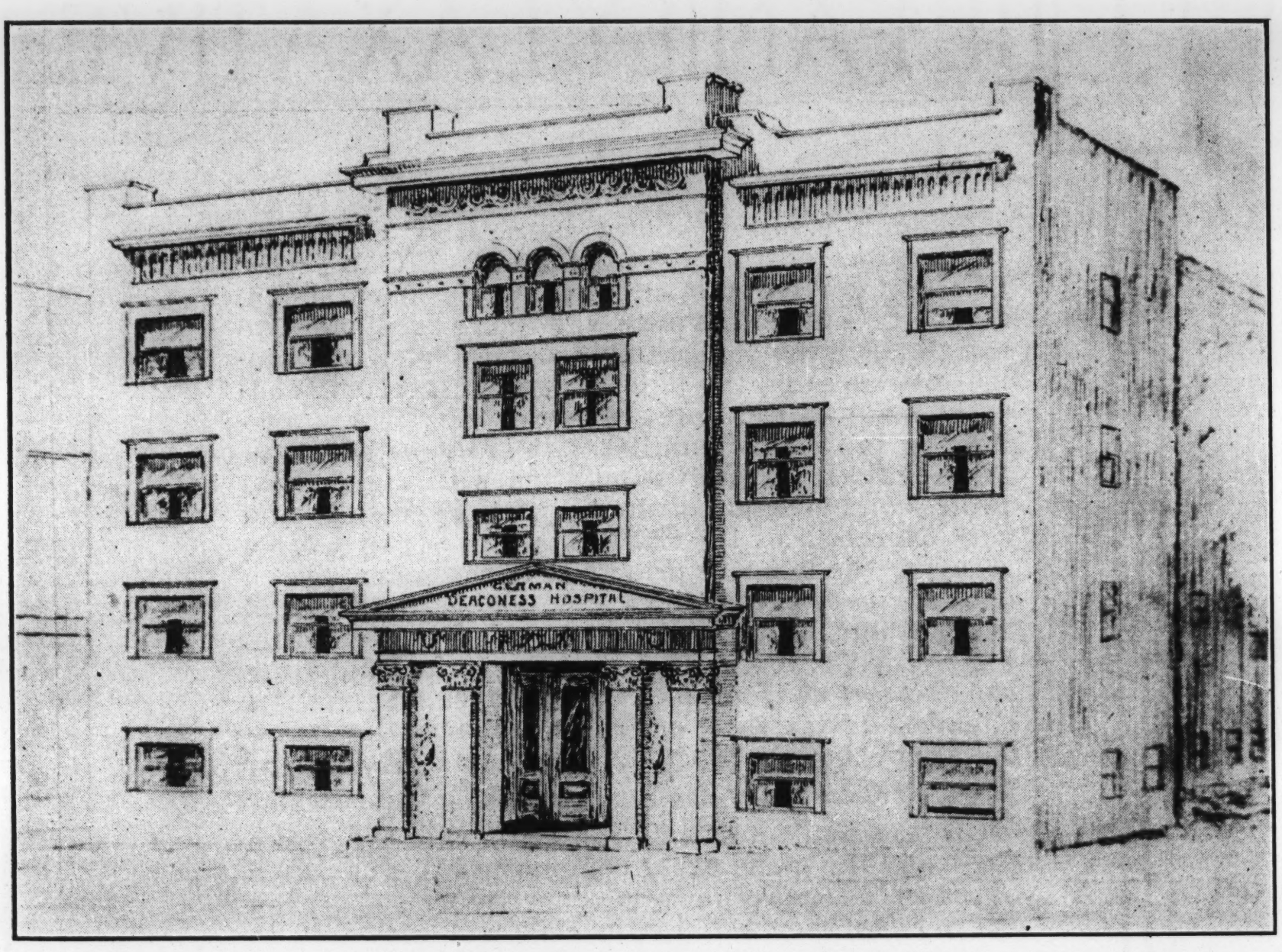

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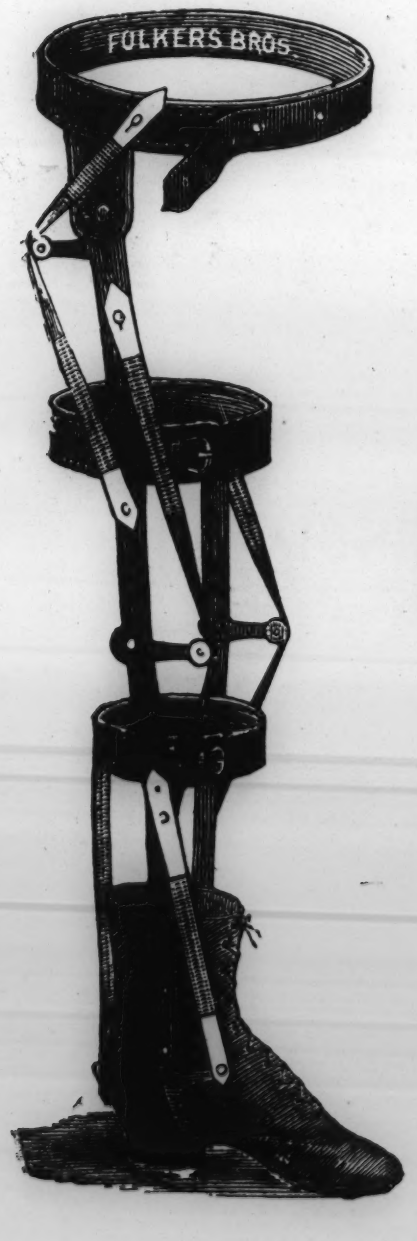

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℞ Alumenis, ʒ ij.
Acidi sulphurici, ʒ j.
Syr. limonis, ʒ 1.
Aq., q. s. ad ʒ 4.

M. Sig. One tablespoonful every two hours.

The following treatment has also been recommended for the treatment of lead colic:

℞ Pulv. opii, gr. ¼.
Ext. belladonnæ, gr. $\frac{1}{12}$.

M. Sig. One such pill every two hours for twenty-four hours.

And the following purgative:

℞ Sodii sulph., ʒ ij.
Mag. sulph.,
Syr. rubi idaei, aa ʒ ss.
Aq., ʒ iij.

M. Sig. At one dose, to be repeated as necessary.—*Jour. Amer. Med. Asso.*

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It has been brought to our attention through numerous reports that Libradol is a quick reliever of bites and stings of insects, and we ourselves witnessed in two instances its marvelous power in the instantaneous relief of the pain of bee stings. In this connection, the following letter from Dr. Albert Sayler will prove of value, to physicians who may be confronted with a painful sting or insect bite.

"About the middle of October, 1903, immediately after the fall, or aster flow of honey, in closing up for winter the bee hives of my apiary, I was stung on my hands and wrists, at least fifty times, and most likely, seventy-five times.

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New Palestine, Clermont Co., Ohio.

In this connection it is well to bear in mind that Libradol need not be plastered thickly where a large surface is involved, but that a thinly spread tissue is satisfactory, or it may even be rubbed on the skin with the finger. Please bear in mind that Libradol instantly relieves itching of a surface, and is especially applicable to chronic itching of the anus.

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For some affections of the throat, Collinsonia is certainly a specific. It is such in so-called "minister's sore throat," or the laryngitis due to an over use of the speech organs. It is also efficient in chronic laryngitis, with change of voice, and in chronic bronchitis, when there is *irritation*, *congestion*, and *sense of constriction*. When these symptoms are present, Collinsonia has no superior as a remedy in certain forms of relaxed uvula, in pharyngitis, in hoarseness, in croup, and in whooping cough, as well as in ordinary cough of nervous origin. For these various uses it is administered in fair sized doses, as

℞ Specific Collinsonia, - - - - - - f ʒ j.
Simple syrup, - - - - - q. s. ad f ʒ iv.
M. Sig. Teaspoonful four or five times a day.

For its general tonic effect upon the digestive tract, Collinsonia is a remedy of no mean value in functional gastric troubles, atonic dyspepsia, constipation, anemia, chlorosis etc. However, next to its specific action in throat affections, we desire to suggest the use of Collinsonia in rectal diseases, and in troubles about the anal outlet. As an internal medicament in the treatment of hemorrhoids, Collinsonia has no equal, if the cases be well chosen. There is *irritation*, *constriction*, *congestion*, a feeling as though a foreign body of no small size were lodged within the bowel. There is heat, burning, and perhaps hemorrhage. It is also very efficient as an internal remedy in the relief of the disturbances due to rectal pockets, papillæ, ulcers, spasmodic stricture, etc. It is not surpassed by any remedy in these troubles, unless it be by operative measures. The latter are more speedy, but hardly more certain. The same is true of Collinsonia in certain cases of spasmodic contraction of the sphincter ani, and in general prostatitis.

As adjunct remedies to be used in combination or in alternation with Collinsonia, we should consider specific ipecac, powdered rhubarb, and either the second or third decimal trituration of sulphur, or the second trituration of podophyllin. Collinsonia should not be forgotton in reflex troubles due to rectal irritation. In this line we mention reflex cough, asthma, chorea, headache of a dull, frontal variety, and reflex cardiac affections. It is frequently a remedy in dysentery, and in cholera infantum, when there is much tenesmus, with *irritation, constriction and congestion*.

Collinsonia is highly recommended in certain functional urinary troubles, when the symptoms calling for it are prominent. It allays the irritation and gives speedy relief. Many times it is the remedy in incontinence of urine, in urethral or vesical hyperesthesia, and for minor gonorrheal disturbances. Because of this action it has been suggested as a remedy in gravel, calculus, in dropsy, and in varicocele. It is also a remedy for hemorrhoids, swollen genitals, pruritus vulva and ani of the pregnant female. By some it is recommended in certain cases of dysmenorrhea, amenorrhea, leucorrhea, prolapsus, etc.

The symptoms—*irritation, congestion, and constriction*—presenting in any case of whatever name or nature, call for Collinsonia. For use in rectal, anal, and genito-urinary diseases, the dose does not need to be as large as recommended above. Ten drops of the Specific Medicine to four ounces of water, and a teaspoonful of the mixture every hour or two, is sufficient for most purposes in these lines. Larger doses, however, are not followed by deleterious effects. Remember, that when *irritation, congestion, and constriction* are present, Collinsonia is the remedy, call the disease what you may.—*Editorial from the Eclectic Medical Journal.*

The above editorial concerns one of the most important Eclectic remedies. It is the subject of our sixteen-page descriptive Drug Study No. VII, which will be mailed free on application.—*Lloyd Brothers, Cincinnati, Ohio.*

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$500 will make you from $2500 to $10,000 yearly. $50 will fit you up to treat Diseases of Women and Rectal Troubles by the Latest Methods. Would you invest $50 if you could get your money back if it did not increase your practice over $1,000 yearly over and above what you make now? Ask any questions and write me personally and I will take the matter up with you and show you how you can increase your income. See next page.

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When considering its usefulness however, we desire to have the physician bear in mind that which he has always been taught—that the essential conditions in all inflammatory processes, whether deep-seated or superficial structures, are practically identical. Then he can appreciate the fact that Antiphlogistine's field is almost limitless. It must ever be borne in mind too, that there is more or less of a retardation of the circulation in the affected part which may reach the point of stasis, in which event the cells starve to death and decompose; in other words the process terminates in suppuration. Antiphlogistine's prime object is to keep the blood circulating in an inflamed part. In pneumonia and other affections involving deep-seated organs Antiphlogistine, by stimulating the cutaneous reflexes, causes a contraction of the deep-seated and simultaneously a dilation of the superficial blood vessels, and this, combined with its hygroscopic properties acting directly, draws the blood to the surface—bleeds but saves the blood.

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The fact that Antiphlogistine is in the twelfth year of its existence and in daily use throughout the civilized world speaks volumes in its praise We trust the above may prove interesting to those familiar with Antiphlogistine and may cause some of the tardy ones to investigate the claims in the only satisfactory way—by experimenting and verifying.

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We offer this Combination of ANTI-STREPTOCOCCIC and SYNTHETIC SERUMS to the Medical Profession after several years of thorough investigation. EVERY TEST MADE both practical and scientific has proven its efficiency. It contains no animal or mineral poisons and is absolutely safe to use.

Sold Only to Physicians, Formula on the Bottle.

We are the Sole Manufacturers of these Serums and they can be obtained only from us direct.

Full size package to Physicians who will pay express charges.

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Manufacturing Chemists. CHICAGO, ILL.

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$200	Static Machines	$100.00
$500	" "	200.00
$ 75	Nebulizers	50.00
$ 60	Batteries	30.00
$ 90	Operating Chair	35.00
$ 45	" Table	25.00
$ 65	High Frequency	25.00
$ 50	Diasolenic Outfit	25.00
$ 45	Dermatologists Outfit	21.00
$ 20	Manikin 30 fold	10.00
$ 2	Trusses	.50
$ 5	Silk Supporters	1.50
$ 10	Office Tables	5.00
$ 18	Double Irrigators	8.00
$ 20	Intubation Sets	7.75
$ 12	Double Lever Pumps	6.75
$125	Microscopes	77.50
$ 50	"	28.50
$ 12	Emergency Bags	6.00
$ 35	Invalid Rolling Chairs	18.00
$ 1.50	Vaginal Speculums	.50
$ 2	Uterine Scissors	.65
$ 2	Metal Ear Syringes	.75
$ 1.25	Thermometers	.40
$ 15	Centrifuge	6.75
$ 35	Water Motors	17.50
	Electric Motors all kinds	
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	Soft Rubber Catheters, 3	.40
	Female Catheter, Metal	.15
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	Eustachian Catheters, Metal	.15
	Drill, Hamilton's, Bone	1.75
	Swartz Ear Chisel	.30
	Clamps, Ferguson, 8 in., Pile	1.00
	Dilators, Palmer's Uterine	1.00
	" Goodell's "	2.75
	Curettes Gottstein Adenoid	.90
	Kelley Cushion 20x44	2.20
	Depressor, Pynchon's tongue	.50
	Cautery Knives, 3 for	1.00
	" Battery	15.00
	Forceps, Bone, Liston's	1.40
	" " Tieman's	.75
	" Polypus cutting, Heyman	1.00
	Forceps, Senn's Artery	.45
	" Tate's "	.30
	" Kelley (Baltimore)	.45
	" " 5½ inch	.40
	" " 7½ "	.70
	" Hysterectomy, Jewett	1.10
	" Placenta, Bond's	.95
	" Phimosis, Skillern	.70
	" Chalazion, Ayer's	.70
	" Trachoma, Knapp's Roller	.75
	" Entropium, Desmar's	1.00
	" Throat, Buck's	.70
	" Tongue, Hauze	1.00
	" Uterine, Bozeman	.70
	" Volsellum, 9 in., str.	.80
	" Tenaculum Wylie's	.90
	Gag, Denhart, steel	.90
	Needle Holder, Mathew's	.70
	Urine Test Case	3.60
	Hydrometer for Static	1.25
	Saline Outfit, in case	1.10
	Bullet Probe, Fluher's	.40
	Retractors, Abdominal	.50
	Ophthalmoscope, 19 lens	4.50
	Pelvimeter, Collyer's	1.00
	Perforators, Simpson's	1.10
	Scissors, Umbilical	.45
	Van Buren Sounds, steel	.20
	Uterine Sound, Sim's	.15
	Speculum, Ear, Gruber's set	.35
	Speculum, Rectal, Pratt's	.85
	" Vaginal, Taylor's	.50
	Trephine, Galt's	1.10
	Tourniquet and Clasp	.15
	Syringe, P.D. style, Hypodermic	.25
	Tonsillotome, Billing's	3.75
	Rubber Operating Gloves	.60
	Razor, fine, for shaving	1.00
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	Glass Eyes	1.00
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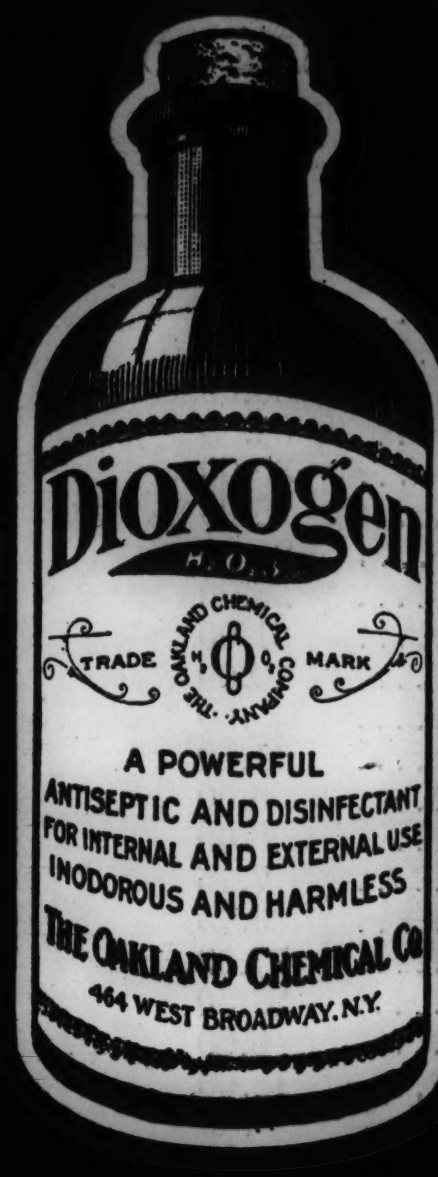

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